



PATENT APPLICATION

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Paul W. Campbell
Serial No.: 09/352,959
Filing Date: July 14, 1999
Confirmation No.: 2833

Examiner: Pierre M. Vital
Art Unit: 2188
Our File No.: 00100.99.0094
Docket No.: 0100.9900940

Title: **METHOD AND APPARATUS FOR VIRTUAL ADDRESS ADDRESS**

Mail Stop Non-Fee Amendments
Commissioner for Patents
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October 14, 2003
Date

Carmen M. Camarena
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AMENDMENT AND RESPONSE

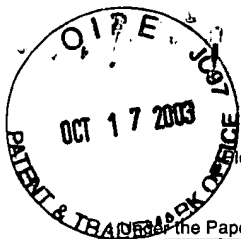
Dear Sir:

In response to the Office Action mailed July 18, 2003, Applicant submits the following Response.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/352,959	
	Filing Date	07/14/99	
	First Named Inventor	Paul W. Campbell	
	Group Art Unit	2186	
	Examiner Name	Pierre M. Vital	
Total Number of Pages in This Submission	8	Attorney Docket Number	0100.9900940

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return receipt postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	RECEIVED OCT 21 2003 Technology Center 2100
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Christopher J. Reckamp Reg. No. 34,414
Signature	
Date	October 14, 2003

CERTIFICATE OF MAILING			
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Signature		Date	October 14, 2003

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